

STATE OF HAWAII						PAGE _____ of _____		
MATERIALS SUMMARY RECORD								
1. APPLICANT (DEPT/DIV)				2. PA ID	3. PW #		4. DISASTER NUMBER	
5. LOCATION/SITE:				6. CATEGORY		7. PERIOD COVERING		
8. DESCRIPTION OF WORK PERFORMED								
							INFO FROM (CHECK ONE)	
VENDOR	DESCRIPTION	QUANTITY	LIST PRICE	TOTAL PRICE	DATE PURCHASED	DATE USED	INVOICE	STOCK
		GRAND TOTAL						
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.								
CERTIFIED				TITLE				